

MUST BE TYPED

**MARYLAND STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS
Application to Supervise a "Psychology Associate"**

1. Supervisor's Name:
2. Mailing Address:
3. Telephone Number:
4. Setting(s) in which supervised practice is to take place. Name(s) and address(es) of professional association, etc.:

5. Nature of services to be performed by supervisee:
 - a. List and describe specific tasks to be performed:

 - b. Estimated number of client service hours per week:

 - c. Number of individual, face to face, hours of supervision per week:

6. Supervisee's Name:
7. Supervisee's Home Address:

8. Supervisee's Telephone Number:

9. Education of supervisee. In addition to the information supplied in response to these instructions, official transcripts must be submitted by all institutions in which graduate credits have been earned. These transcripts must be sent directly to the Board by the institution.

Highest degree earned:

Institution: _____ Date of Degree:

Program: _____ Department:

Other graduate degrees earned:

Degree: _____ Institution: _____ Program: _____ Date:

Degree: _____ Institution: _____ Program: _____ Date: _____

10. Names of other non-licensed individuals practicing under your supervision:

11. Statement of supervision and assumption of responsibility:

In accordance with the provisions of §18-301(b)(4) of the Health Occupations Article, “Maryland Psychologists Act”, and the Regulations, COMAR 10.36.07, adopted by the Board of Examiners of Psychologists to supplement §18-301(b)(4), I do hereby certify that I will directly supervise and assume full responsibility as required by law for the psychological services and activities as performed by a Psychology Associate.

I certify that I have a background relevant and sufficient for the expert supervision of the services to be performed by the supervisee as indicated in item 5 of this form. Please indicate below the relevant areas of training and/or expertise, e.g. Ph.D. in clinical psychology, etc., years of experience doing psychotherapy, assessment, etc. I will conform to standards for supervisory relationships as established by the Maryland Board of Examiners of Psychologists. The Board shall be informed immediately of any substantial changes in the supervisory relationship. This supervisory relationship is subject to review and the discretion of the Board of Examiners of Psychologists.

I assert that the information contained in this application is true to the best of my knowledge and belief.

SUPERVISEE:

Signature

Date

SUPERVISOR:

Degree: Ph.D., Ed.D., or Psy.D.

University and Graduate Program:

Specialty Area of Graduate Degree:

Respecialization Training if Applicable:

University and Department:

Area:

Date:

Relevant areas of expertise, nature of specialized training and number of years of experience:

Signature

License No.

Date